

**June 11, 2007 Biannual PLE Meeting
Questions and Answers**

- Q1. Who will tell the school system that all FS kids will have to be evaluated by the school system?**
- A1. It is the role of the Primary Service Coordinator (PSC) to facilitate the transition process for children and families in First Steps. Communication with the Local Education Agency (LEA) is a big part of that. For a child who may be eligible for Part B services, a Transition Conference must be held at least 90 days prior to the child's third birthday with parent consent. The LEA will participate in this meeting and at that time, if not before, information can be shared with the LEA about existing developmental information, including assessment information, as well as steps that will need to be taken by the LEA and/or the family in order to ensure that Part B services are in place on the child's 3rd birthday.
- Q2. What will happen when the child is transitioning to preschool at age 3 with no scores?**
- A2. Part C Early Intervention programs are required to collect progress data, including exit data from the program. Information regarding the child's status in all areas of development as well as his/her progress during his/her participation in First Steps will be available to the Part B program during transition, with parent consent. Part B will continue to be responsible for determining eligibility for children entering the Part B system.
- Q3. When will arena team assessments be paid for so that we don't have to buy each test area?**
- A3. Current regulation appears to permit the provision of up to three discipline-specific assessments, if needed. Current regulation does not appear to prohibit these assessments from being completed concurrently – as you might see in an arena assessment. However, it is not necessary for multiple disciplines to conduct any one of the assessment instruments that were trained on June 11th (AEPS, Carolina Curriculum, ELAP and/or HELP).
- Q4. Can these assessments be adjusted for prematurity?**
- A4. These instruments are comparing a child to him or herself as opposed to a normative group. Therefore, there is no need to adjust for prematurity.
- Q5. Will an entire assessment be done on each child or just use the areas that the child needs?**

- A5. States are required to assess the child's status in each of the 5 developmental domains and report progress data accordingly, so an entire assessment will be required for each child.
- Q6. Wouldn't it be easier for providers that complete the assessment to complete the data entered – rather than take apart booklets, copy, mail, and have someone else enter info?**
- A6. Yes. The AEPS, the E-LAP and the HELP have online versions that would enable providers to enter data directly to the publisher's website and access a host of other resources and supporting information (i.e. reporting tools). However, there is a per child cost to the AEPS and the E-LAP online versions. The HELP has a free online version. In order for First Steps to access data entered directly by the evaluator into a publisher's website, providers would need to provide KEDS administrative staff with access/permission on a child by child basis. Alternately, providers could be given access to the KEDS system (scores are entered into a database directly through a website). *Who* will have access to KEDS and *how* that access will be controlled is currently under discussion.
- Q7. Is there a cost for using a publisher online system? Is there a cost for any online system?**
- A7. The HELP online system is free for the moment. The AEPS offers a per child subscription cost at a reduced rate for Kentucky providers. The E-LAP offers an online version at a cost. The Carolina Curriculum does not currently offer online support. Providers would not be required to use a test publisher's online system. An alternative would be direct entry of assessment item ratings into the KEDS system or transmission of a paper protocol to the POE for data entry.
- Q8. a) As far as entering data for national data collection, are providers going to be expected to copy all the protocols? b) Where do we sit with copyright?**
- A8. a) See A6 and A7. b) We have permission from the publisher to transmit child specific data (from the AEPS, Carolina Curriculum, HELP and E-LAP protocols) into the KEDS system or to access the publisher's system with assessor permission, when available. Permission has been granted for the copying of completed AEPS, Carolina Curriculum, HELP and E-LAP protocols in order to facilitate timely data collection. Per the June 25, 2007 First Steps Update, the only assessment protocols that must be forwarded to the POE for data entry are the AEPS, Carolina Curriculum, HELP and E-LAP.
- Q9. In order to use the online systems, isn't there an annual subscription cost plus a per-shift cost, e.g., \$15.00 that providers will have to pay?**
- A9. See A7

- Q10. Is there an online or computer based program for scoring AEPS?**
- A10. Yes. Visit: <http://www.aepsinteractive.com/> .
- Q11. Why can't the provider enter the data and send it via Excel? This would be easier and less expensive for copying and mailing to POE's.**
- A11. See A6 above. Note, there are privacy concerns that arise when e-mailing protected health information through unsecured channels. An online system would be encouraged over the use of a separate Excel spreadsheet because data would go directly into the KEDS system rather than having to reformat and/or re-enter.
- Q12. Are we going to keep doing standardized tests at 6-month reviews or are we to begin using assessment to assist with OSEP requirements? (Reports require SD for continued service.)**
- A12. We are moving toward a model that will use ongoing assessment for both continuing eligibility re-evaluation and program planning. This change will serve to eliminate the need for standardized testing at the 6 month or annual review point.
- Q13. Will the six-month reassessment progress report account for continued eligibility?**
- A13. Currently the Developmental Status Scale (DSS) is used to document ongoing program eligibility. As a new ongoing assessment process unfolds, use of the DSS will be unnecessary. Also see A12.
- Q14. Do we still need to report delay ranking?**
- A14. See A13. However, note that procedure has not yet changed. Therefore, it is necessary to continue using the Developmental Status Scale until further notice.
- Q15. Do we still put standard scores on our six-month progress report?**
- A15. See A13. Once the new assessment process is in place, norm referenced standard scores will not be required for continuing eligibility determination.
- Q16. If we are doing developmental intervention, do we need to do a norm-referenced once a year and criterion rest of the year?**
- A16. No. The PLE currently administers a norm referenced instrument to determine initial eligibility and the DSS is used to document ongoing eligibility. We are proposing following eligibility determination with a criterion referenced tool for program planning and documentation of child

progress. The criterion referenced instrument would be used on an ongoing basis to inform continuing eligibility. Also see A12, A13 and A14.

- Q17. After completing this training, I strongly recommend not using a criterion referenced test to determine eligibility. The lack of structured administration procedures that are based on norms adversely affects reliability of the scoring (i.e. our group had many different answers to the same questions. This would not happen on a norm referenced test.)**
- A17. As indicated in the June 15, 2007 First Steps Update, Central Office is leaning toward maintaining current eligibility criteria and the use of norm referenced instruments to obtain standard scores for eligibility determination.
- Q18. During the HELP session, it was obvious from the participants' responses that different individuals scored items with wide differences. That has a negative connotation when considering switching to criterion-referenced testing to determine eligibility.**
- A18. See A17.
- Q19. Will these assessments eventually replace evaluations with a regulation change regarding how eligibility is determined?**
- A19. See A17.
- Q20. What will happen if therapists do not use one of these tools? Monitors? Payback?**
- A20. As data from these instruments are necessary for federal reporting purposes, failure to comply with program requirements surrounding the use of these instruments may affect provider payment and/or enrollment. Evaluation and Assessment policies and procedures are and will remain a component of program monitoring.
- Q21. If assessment tool has to be done each six months, will only one team member be doing it? I don't see the point in having each team member repeating same test. Would this be a function of the PSP? What about pay?**
- A21. We know that data will have to be summarized on a regular basis. Whether that means every 6 months or annually has yet to be determined. The same assessment will not be repeated by different disciplines. However team members may contribute information that will be summarized through the assessment process. A Primary Service Provider model has been encouraged for some time in Kentucky. It is the desire of Central Office to formalize implementation of that model including procedures for selection of a PSP and definition of the role of the PSP in the near future. The PSP will not be solely responsible for Assessment, as input from all team members will be necessary in order to

fully address the child's holistic needs. Reimbursement for activities assumed by the PSP has not been determined.

Q22. How frequently will assessment data be collected and submitted to the POE's?

A22. See A21.

Q23. What is the purpose of this training? Do you want evaluators to do this five-area test as well as a norm referenced test to establish eligibility as well as to obtain when will we know if evaluators will be administering the five-area assessment?

A23. PLEs should already be administering 5 area assessments. Per current regulation, "a child with established risk ... shall receive a five (5) area assessment done by a primary level evaluator in lieu of a primary level evaluation" (911 KAR 2:120 Section 1(b)). We decided to use the June 11th PLE Biannual Meeting as a training opportunity because it was a training date that was on the books and PLEs represent a group of people who have extensive training in evaluation and are familiar with tools that are common in both evaluation and assessment. Additionally, as we look at ongoing assessment and the need to look at children's development globally, it is going to be important for all providers who work with children to be familiar with these instruments so that they can feel comfortable providing input into discussions regarding ongoing progress throughout a child's participation in First Steps. Since the June 11th training, a Proposed Policy Addendum has been posted requiring PLEs to use one of the three approved assessments in lieu of their primary level evaluation for children with established risk conditions.

Q24. PLE's in FS evaluate for eligibility (and possibly annually) correct? When would a PLE use ongoing assessment?

A24. See A23.

Q25. Once trained on a criterion-referenced assessment (like the HELP), if you decide to use a different one (like the AEPS) do you have to go to another training?

A25. Examiners should be thoroughly familiar with the test manual (knowledge of administration, scoring, restricted uses, etc.). While it may be possible to administer one of these four instruments without formal training, it would not be recommended. It is important for providers to follow the ethical guidelines of their discipline and the guidelines of the test publisher.

Q26. Will there be an increase in reimbursement if evaluators are expected to administer a norm referenced and a criterion-referenced test during the evaluation?

- A26. Central Office does not currently envision PLEs administering both a norm referenced and a criterion referenced assessment during the primary level evaluation.
- Q27. Is it anticipated that we would use FS units to complete an assessment like this?**
- A27. This depends on how the process is implemented. However, if providers are expected to conduct an additional billable service, FS units would need to be used.
- Q28. Is each TAT team and POE getting a complete kit of each assessment?**
- A28. Each TAT and POE is getting a test manual. This constitutes a complete kit for each of the three approved instruments.
- Q29. How are we going to collect data on family outcomes when all of these tools look at child outcomes?**
- A29. Family outcomes are looked at separately through the use of a family survey developed by the National Center (NCSEAM). Information from the first survey completed can be found in Kentucky's Annual Performance Report under Indicator #4 (at the following link: <http://chfs.ky.gov/NR/rdonlyres/91C6839A-68D0-4E8D-800E-7334C5812714/0/KentuckyFFY2005APR.pdf>).
- Q30. Is it just as important that we measure family progress in understanding comfort ____ their child's issues, etc., and not just "satisfaction" with the program.**
- A30. Yes and we are doing so via the NSCEAM survey discussed in A29.
- Q31. You can't use +/- anymore as a score.**
- A31. You must use the recommended scoring procedures developed by the publisher.
- Q32. Which test is more reliable and valid than the E-LAP ages 25 – 36 months since the E-Lap's reliability and validity goes down then?**
- A32. This is a valid concern. In addition to this concern, Central Office has received concerns regarding the lack of a dedicated family component. In consideration of these concerns, Central Office has decided not to include the E-LAP as an approved instrument.
- Q33. Who will assign a specific testing instrument to the child? PSC? Or therapists? Or will each therapist use a different tool?**
- A33. Whoever completes the initial assessment will be responsible for selecting an appropriate instrument that best meets the needs of the individual child. To support consistency of data, reliability and fidelity, it is

important for IFSP teams to make every attempt to continue using the selected instrument throughout the child's participation in First Steps. There are few reasons that would necessitate a change in instrument and the only reasons that relate to the interests of the child/family should be considered.

Q34. Will it be allowed to change tools as a child ages? Reliability and validity drop on the E-Lap beyond 2 years of age.

A34. Changing from one criterion referenced assessment to another would not be prohibited, but would be strongly discouraged. Also see A33.

Q35. Would there be any benefit to pull discipline specific organizations (i.e., KSHA for LAPs) or licensure into the public comment period for new regs?

A35. When regulations are open for comment, any individual and/or organization is welcome to comment.

Q36. When do we begin using one of the four new assessment tools?

A36. Per the Proposed Policy Addendum issued on July 12, 2007 an implementation date of August 1, 2007 has been set for children who are eligible by virtue of an Established Risk condition. Note this is a *Proposed* Policy Addendum designed to go into effect following a public notice period. Central Office is still working on a Proposed Policy Addendum for children without an Established Risk condition.

Q37. When does this start? Will the PLE be giving the assessment?

A37. See A36.

Q38. Is it up to the PLE on which assessment to use? (HELP, AEP's, E-LAP, CCIT.) If not, who? When does it start?

A38. See A34 and A36.

Q39. Is the Battelle 2 an acceptable evaluation?

A39. The Battelle 2 is an acceptable norm referenced standardized instrument used for eligibility determination. Please note this is different from the conversation we are having here regarding criterion referenced assessment instruments used for program planning.

Q40. Can a DI on the same team as PT, OT, SLP for example, use the same assessment instrument since the DI will be assessing all areas?

A40. The same assessment instrument should not be administered multiple times on any child. Rather, once initiated, the instrument should be updated with input from all team members. So, for example, the HELP

may be the assessment instrument selected. After its initial completion, all providers on the team would provide information to update it throughout the child's participation in First Steps. The child's Primary Service Provider (PSP) would tally using the assessment protocol at regular intervals.

Q41. What do we do if everyone is using a different assessment (AEPS, HELP, E-Lap)? How do we all get on the same page? Is everyone in the team going to be giving the assessment? Where do we find time to collaborate with team members?

A41. See A40.

Q42. Will other providers have trainings on the tests discussed today? (PT, OT, ST, DI).

A42. Yes. A statewide training schedule will be available shortly.

Q43. Will this change in assessment instrument requirement be long-term or will we be asked to change instruments once again in the near future?

A43. Central Office does not anticipate narrowing the list of approved instruments any further. Central Office may expand the list based on recommendations from the field and following review by an expert panel. Additionally, assessment instruments are updated regularly and providers will always be expected to use the most recent version of an approved instrument.

Q44. You keep referring to the fact that it has not yet been determined who will be completing these assessments. What are the determining factors that are under consideration to make this decision?

A44. Central Office must consider what would make the most sense for families as well as current program structure, personnel resources and funding.

Q45. What is this "Part C" that the presenter keeps referring to.

A45. "Part C" is the section of the Individual with Disabilities Education Improvement Act (IDEA) that authorizes the program for infants and toddlers. Kentucky's program for infants and toddlers is called First Steps.